

AEROMEDICAL MUTUAL AID

A medevac helicopter is an air ambulance that responds as mutual aid to the local ambulance corps. They are accountable to, and under the direction of the EMS Incident Commander. After years of requiring field providers to request aeromedical mutual aid in circumstances deemed necessary, Saratoga County implemented an automatic helicopter dispatch policy on April 1, 2001. There were several suppositions supporting these Automatic Helicopter Standby Criteria:

- ◆ Mechanism of Injury (MOI) has been a poor predictor of actual need for aeromedical transport in Saratoga County. Correlation of MOI with patient condition is necessary and can be done by the Emergency Medical Dispatcher (EMD).
- ◆ REMO protocols dictate helicopter use only when > 30 minutes from a trauma center. Automatic Helicopter Standby Criteria do not apply to Clifton Park-Halfmoon and Waterford Rescue jurisdictions. The only acceptable helicopter requests in those locations would be extrication exceeding 15 minutes, burns, CO poisoning, or other specific medical problem requiring direct transport to distant specialty hospitals. These should be determined once EMS providers have made patient contact, and should involve medical direction if transporting to a distant specialty hospital.
- ◆ Communications will automatically place the helicopter on standby for all jurisdictions except Clifton Park-Halfmoon and Waterford when any of the Automatic Helicopter Standby Criteria are satisfied.
- ◆ EMS Command has the option of canceling a helicopter standby or requesting a flight once they arrive and assess the patient.
- ◆ Helicopter requests will continue to be accepted outside of the situations listed in the Automatic Helicopter Standby Criteria. Any EMS, Fire, or Law Enforcement responder may request a helicopter by contacting the Saratoga County Sheriff's Department Communications Center. Requests should not be made prior to patient contact and assessment.
- ◆ After a helicopter standby or response has been requested, cancellation will only be accepted from EMS Command at the incident scene. All additional requests and inquiries for the helicopter must go through EMS Command at the scene or a County EMS Coordinator.

AEROMEDICAL LANDING ZONE PROCEDURES

Helicopters require secure landing zones for the safety of Aeromedical Operations. Moving the LZ is a complex endeavor that requires coordination of multiple agencies operating in emergency mode and is inherently dangerous.

- ◆ Select an LZ only when personally certain that the patient ETA and helicopter ETA closely coincide. Flight requests stating, "LZ not yet determined" provide time to ascertain the most ideal LZ location and are appropriate while awaiting information about ETA.

- ◆ For personnel and scene safety, the County Communications Center will automatically dispatch the jurisdictional fire department to the designated landing zone (LZ) of all helicopter requests. By agreement with local ambulance corps, the fire department may also assume duties of Landing Zone Sector Chief when the ambulance corps is unable to do so.
- ◆ Responsibilities and duties of EMS Incident Commander for aeromedical requests:
 1. Choose a safe LZ as near to patient as possible depending upon helicopter ETA.
 2. Assign LZ Sector Chief and determine operational radio frequency (**preferably 155.715**).
 3. Assure relay of preliminary patient information to County Communications Center.
- ◆ Responsibilities and duties of Landing Zone Sector Chief:
 1. Proceed immediately to designated LZ and determine if safe/adequate.
 2. Secure LZ perimeter.
 3. Mark LZ.
 4. Establish communications with EMS Incident Command and:
 - a) Advise LZ established.
 - b) Verify operational radio frequency and determine helicopter ETA.
 - c) Obtain brief patient report, if available.
 - d) Determine ETA of patient to LZ.
- ◆ **Once established, the LZ should not be moved unless critical for safety. If, on arrival at the LZ, the helicopter is not there, determine its ETA from the LZ Sector Chief or County Communications Center. If the ETA is unreasonable, initiate transport per REMO protocol. Establish a new LZ only if critical for patient care.**

Revised Criteria for Automatic Helicopter Standby (effective 4-1-01):

Communications will automatically place the helicopter on standby for all jurisdictions except Clifton Park-Halfmoon and Waterford (these areas are < 30 minutes from a trauma center and do not meet REMO protocols for aeromedical transport) when any of the following criteria are satisfied:

Category	Card	Presenting Problem
Burns	7-D-1	Unconscious/arrest
“	7-D-4	Explosion
“	7-C-3	Burns \geq 18% Body Surface Area
CO/Inhalation/Hazmat	8-D-1	Unconscious or arrest
Cardiac Arrest	9-E-6	Underwater
Drowning	14-D-1	Unconscious
“	14-D-3	Diving or suspected neck injury
“	14-D-4	SCUBA
Electrocution/Lightning	15-D-1	Unconscious
Fall	17-D-2	Long Fall AND Unconscious
Industrial/Machine Accidents	22-D-2	Caught in machinery
Pregnancy/Childbirth/ Miscarriage	24-D-5	High Risk Complications (Premature Birth and Multiple Birth)
Stab/GSW/Penetrating Trauma	27-D-1	Unconscious or arrest
Traffic/Transportation Accidents	29-D-4	Pinned AND Unconscious
“	29-D-2	High Mechanism AND Unconscious

EMS Command has the option of canceling the helicopter standby or requesting a flight once they arrive at the scene and assess the patient. Copter requests will continue to be accepted outside of these situations.

Contact Mike McEvoy, EMS-1 with any questions.